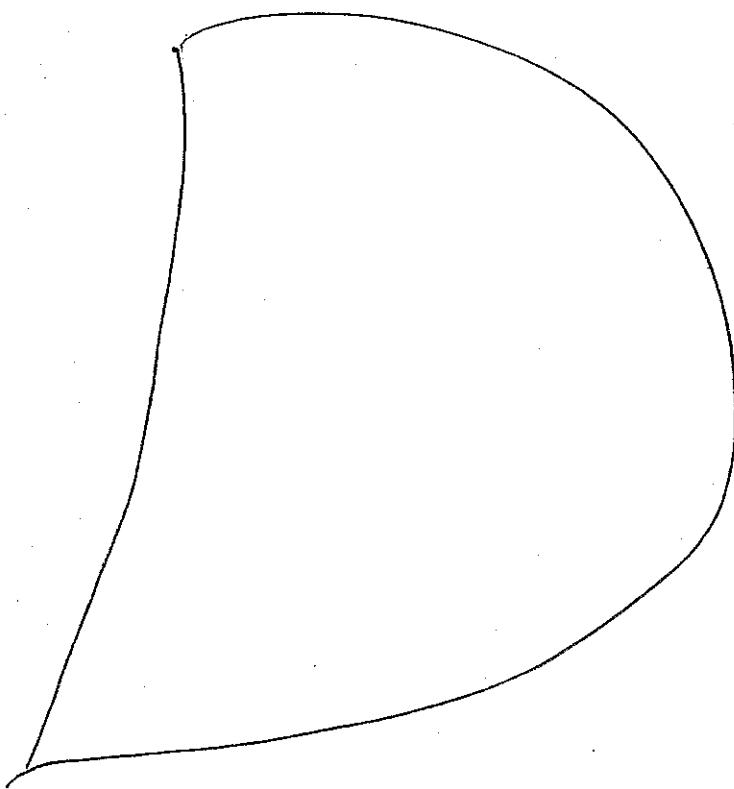


EXHIBIT



DATE	TIME
1/19/04 0120	chart prep for MD exam c/o head injury and request for disability placement. <i>(Signed/Pn)</i>
1/20/04 5:00	Requesting disability placement.
005	① alert and oriented - showed radiology report dated 12/17/92. Reported blow to head in 1992.
	A. Health Maintenance w/t disability request
	P. MD like now. <i>(Signed/Pn)</i>
1/20/04 10:15	② clo pain reg. RF of Tylenol. IM states he wants total disability, claims hx of head injury, back problem, claims ear drum damaged & painful. See past notes
985 - 100-14	98% 124/96 98% ③ A-O-WAD, ambulates w/difficulty observed moving all extremities and turning head w/o difficulty. H-EENT-WNL. TM's bilat. c. cone of light, dizziness, & tinnitus. No fluid visible, otorrhea or auricular LAD. Lungs CTA. Heart-PEL
	IM advised that if he has a disability issue he needs to submit proper forms. I have no documentation of any disability.
	④ clo pain
	⑤ Tylenol 325mg t-ti poB/D as needed pain x 90 days

INSTITUTION PBSR	HOUSING UNIT A4 226	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH Bloodsaw, T. P20045
XR C-spine. 7dp results ⑥ Med use <i>Joint Effort</i>		
INTERDISCIPLINARY PROGRESS NOTES		

INMATE/PAROLE
APPEAL FORM
CDC 602 (12/87)

COMBINED

Location of Institution/Parole Region Appeals Coordinator

Log No.

Category

8/10

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Bloodsaw	P20045		A2-125

A. Describe Problem: To Doctor Windlow (chief medical officer), I am having problem with staff physician. I have a permanent disability. I have vertebral DR. Lazore had more X-rays taken. It showed another injury C6-C7. DR. Lazore says she has no documentation of any disability. I have been waiting to see Orthoptic for over 4 months. Inadequate medical care violates the U.S.C. Eighth Amendment. I should be medically reassigned 3350. Provision of Medical Care and Definitions (1) Medic -

If you need more space, attach one additional sheet.

Only Necessary means health care services that are determined by the attending physician to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain and are supported by health outcome

Inmate/Parolee Signature: T. Bloodsaw

Date Submitted: 1-3-05

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: Your X-ray results do not qualify you for a disability. The referral process can take many months, as discussed previously

Staff Signature: Open E Lazore

Date Returned to Inmate: 1-6-05

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

DR. Lazore is making false statements; 3413. Incompatible Activity. (2) Contains defamatory, intentionally false, intentionally inaccurate, abusive, threatening, racially offensive, racially biased, or unlawfully discriminatory material.

Signature: T. Bloodsaw

Date Submitted: 2-3-05

CDC Appeal Number:

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

19
11/2/2005

2005

**INMATE/PAROLEE
APPEAL FORM**

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Bloodsaw	P20045	✓	A2-125

A. Describe Problem: Data as being effective medical care. (4) SEVERE pain means a degree of discomfort that significantly disables the patient from reasonable independent function. (5) Significant illness and disability means a medical condition that causes or may cause if left untreated a severe limitation of function or ability to perform the daily activities of life or that may cause premature death. U.S.C. Eighth Amendment

If you need more space, attach one additional sheet.

B. Action Requested: To be medically unassigned and not unlawfully racially discriminated against because of race or physical handicap cruel and unusual punishment

Inmate/Parolee Signature:

T. Bloodsaw

Date Submitted: 1-3-05

C. INFORMAL LEVEL (Date Received: _____)

Staff Response:

CS
1/3/05

Staff Signature:

Date Returned to Inmate:

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

3004. Rights and Respect of others. (a) + (c)

WD

Signature: T. Bloodsaw

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

Date Submitted: 2-3-05

CDC Appeal Number:

--

California State Prison Corcoran

RADIOLOGY REPORT

NAME: BLOODSAW, Theopric NUMBER: E-40947 DATE: 12/17/92

DOCTOR: Hoffman HOUSING: 4B

SKULL SERIES, C-SPINE.

HISTORY: Blow to head 1977. Dizziness daily since.

SKULL SERIES.

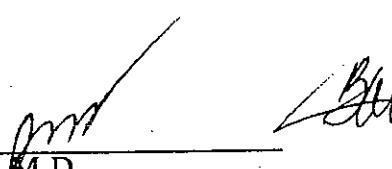
I see no fracture, sinuses clear.

IMPRESSION: Unremarkable skull series.

CERVICAL SPINE.

Films continue to show loss of normal cervical lordosis. There is narrowing of the C-5/6 disc with some straightening of curvature at this level, no change since previous, no fractures or destructive processes seen.

IMPRESSION: Abnormal C-5/6 interspace. No other significant findings identified.


Mario Deguchi, M.D./Jay Grauman, M.D.

Dictated: 12/22/92 ls/JG
Original: Medical Chart
cc: X-Ray Jacket

California State Prison Corcoran

RADIOLOGY REPORT

NAME: BLOODSAW, Theopric NUMBER: E-40947 DATE: 10/20/92DOCTOR: Brown HOUSING: 4B

CERVICAL SPINE FILM SERIES WITH OBLIQUES.

Radiographic examination of the cervical spine was obtained. There is either a superimposed position artifact or non-displaced fracture at the lateral left lateral corner of C-1. It is visible on the frontal projection. Further evaluation by obtaining follow-up radiographic examination may be of value. Otherwise there is no evidence of acute fracture or dislocation. Vertebral body statures are well maintained. Narrowing of C-5/C-6 intervertebral disc space with osteophytes is appreciated. This is consistent with degenerative disc disease. Neural canal are patent. Prevertebral soft tissue structures appear unremarkable. Mild reversal of cervical curvature is noted. This may be secondary to positioning or muscle spasms.

IMPRESSION: (1) Reversal of cervical curvature. (2) Degenerative disc disease. (3) Fractures verses superimposed position artifact of C-1 as described, Follow up Lateral + open mouth view Rx.

MM

Mario Deguchi, M.D./Jay Grauman, M.D.

Dictated: 10/22/92 ls/MD
Original: Medical Chart
cc: X-Ray Jacket

251
34239

X-RAY REPORT

4-9-89
M

NAME: BLOODSAW, THEOPRIC CDC #: P-20045 CELL: D4/025U DOB: 06/24/58 DATE: 02/26/99

EXAM REQUESTED:
PA AND LATERAL CHEST

CLINICAL DATA:
OLD GSW, LEFT THORAX

REFERRING PHYSICIAN:
D. GINES, M.D.

RADIOGRAPHIC REPORT:

CHEST: PA AND LATERAL VIEWS OF THE CHEST ARE OBTAINED ON 02/26/99.

MULTIPLE METALLIC FRAGMENTS ARE NOTED OVERLYING AND WITHIN THE UPPER LEFT HEMITHORAX, CONSISTENT WITH A PREVIOUS GUNSHOT INJURY. BOTH LUNGS ARE WELL EXPANDED AND CLEAR. THERE IS NO EVIDENCE OF ANY ACTIVE PULMONARY PATHOLOGY. THE HEART IS NORMAL IN SIZE AND CONTOUR. THERE IS NO MEDIASTINAL ADENOPATHY.

IMPRESSION:

THERE IS EVIDENCE OF A PREVIOUS OLD GUNSHOT INJURY INVOLVING THE LEFT UPPER HEMITHORAX. NO ACTIVE CARDIOPULMONARY PATHOLOGY IS SEEN. THERE ARE NO PREVIOUS FILMS AVAILABLE FOR COMPARISON.

03/02/99
DATE READ

NELSON PARKER, M.D.,
RADIOLOGIST

NHP/gj
DATE TYPED: 04/07/99



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A4-226 DOB: 06/25/58 DATE: 07/23/04

EXAM REQUESTED: CERVICAL SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: HISTORY OF PAIN.

RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: There is mild a reversal of the normal cervical lordosis.

Moderate degenerative disc disease is noted at the C5-6 and C6-C7 levels manifest by disc space narrowing and marginal osteophyte formation.

IMPRESSION: MODERATE DEGENERATIVE DISC DISEASE AT C5-6
AND C6-C7.

*gt
8/17/04*
ORIGINAL

07/28/04

DATE READ

CURTIS COULAM, M.D.

RADIOLOGIST

DLK

TRANSCRIBER



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED: CERVICAL SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: CERVICAL SPINE

FINDINGS: Comparison to a previous study dated 7/23/04.

On the current study the soft tissues are unremarkable.

There is a mild reversal of the cervical lordosis centered at C5-6. There is mild anterior subluxation of C4 with respect to C5 which was not present on the previous study.

Degenerative discs at C5-6 and C6-7 again noted and show little change compared to the previous study.

IMPRESSION:

1. REDEMOCRSTATION OF DEGENERATIVE DISC DISEASE AT C5-6 AND C6-7 WHICH APPEAR STABLE.
2. THERE IS MILD ANTERIOR SUBLUXATION OF C4 WITH RESPECT TO C5 OF APPROXIMATELY 2 MM WHICH WAS NOT SPECIFICALLY PRESENT ON THE FILMS OF 7/23/04.

ON THE OBLIQUE VIEWS POSTERIOR OSTEOPHYTES PARTIALLY ENCROACH ON THE INTERVERTEBRAL FORAMINA AT THE C5-6 LEVEL BILATERALLY.



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-125 DOB: 6/25/58 DATE: 02/22/05

EXAM REQUESTED: 3 VIEW LUMBAR SPINE

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: 3 VIEW LUMBAR SPINE

FINDINGS: The lumbar vertebra are normally aligned and the disc spaces are well maintained. No compression fractures are evident. There are no arthritic changes.

IMPRESSION: NORMAL LUMBAR SPINE.

EXAM REQUESTED: LEFT HIP

REQUESTING M.D.: J. LAZORE, F.N.P.

CLINICAL DATA: NO HISTORY GIVEN

RADIOGRAPHIC REPORT: LEFT HIP

FINDINGS: 4-5 tiny metallic fragments are noted in the soft tissues lateral to the hip joint. These all appear to be extra articular.

The femoral head is normally developed and normally located in the acetabulum. The joint space is well preserved. No significant arthritic changes are evident.

IMPRESSION: TINY METALLIC FOREIGN BODIES IN THE SOFT TISSUES LATERAL TO THE HIP. THE HIP, PER SE IS UNREMARKABLE.

02/22/05

DATE READ

CURTIS COULAM, M.D.

RADIOLOGIST

BGR

TRANSCRIBER

NAME Bloodsaw NUMBER E40947 AGE 32 DATE 12/17/90

X-RAY REQUESTED Left hip PHYSICIAN A. C. Pedley, M.D.

REPORT:

The left hip is negative for evidence of acute fracture or dislocation. There are several bullet fragments overlying the soft tissues lateral to the left hip joint space and suggested slight increased narrowing of the left hip joint space medially.

RJB: ck
d: 12/18/90
t: 12/18/90

AB
ROBERT J. BEMRICK, M.D.
RADIOLOGIST

S.C.C. X-RAY REPORT

20

NAME Bloodsaw NUMBER E40947 AGE 32 DATE 12/17/90
 X-RAY REQUESTED Left hip PHYSICIAN A. C. Pedley, M.D.

REPORT:

The left hip is negative for evidence of acute fracture or dislocation. There are several bullet fragments overlying the soft tissues lateral to the left hip joint space and suggested slight increased narrowing of the left hip joint space medially.

RJB: ck
 d: 12/18/90
 t: 12/18/90

10
 ROBERT J. BEMRICK, M.D.
 RADIOLOGIST

S.C.C. X-RAY REPORT

NAME Bloodsaw NUMBER E40947 AGE 31 DATE 2/16/90
 X-RAY REQUESTED Upper GI Series PHYSICIAN F. J. Foster, M.D.

REPORT:

The preliminary film of the abdomen shows no evidence of acute intra-abdominal disease or other significant abnormality except for a developmental or possibly old minor post-traumatic deformity involving the right transverse process of the fourth lumbar vertebra.

The examination was performed without the aid of fluoroscopy. There appears to be increased prominence of the partially visualized distal antral and pyloric folds and there is deformity of the duodenal bulb with inflammatory thickening of the duodenal bulb and post-bulbar folds. The visualized upper intestinal tract is otherwise within normal limits and shows no evidence of peptic ulceration.

CONCLUSIONS: Findings consistent with nonerosive antral gastritis and duodenitis.

No evidence of peptic ulceration involving the upper intestinal tract.



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-202L DATE: 09/10/07

EXAM REQUESTED: AP PELVIS AND BILATERAL HIPS, 2 FILMS/
3-VIEWS LUMBAR SPINE

REQUESTING M.D.: PCP

CLINICAL DATA: HISTORY NOT GIVEN

RADIOGRAPHIC REPORT: AP PELVIS AND BILATERAL HIPS, 2 FILMS

FINDINGS: This study is compared with a preceding examination from February 2005.

There are scattered areas of shrapnel in the area of the left gluteal region and hip. These are unchanged from the previous study, although they are reported to have been associated with the right hip at the time of the previous study. Perhaps one of these two exams has been mislabeled.

There is no soft tissue swelling or calcifications. The SI joints and hip joints appear normal bilaterally. The bony architecture is intact. There are no sclerotic or lytic changes.

IMPRESSION: NO ACUTE BONY TRAUMA OR ARTHRITIC CHANGES ARE RECOGNIZED. SCATTERED PRESUMED SHRAPNEL IS NOTED IN THE VICINITY OF WHAT IS THOUGHT TO BE THE LEFT HIP. OTHERWISE, NEGATIVE.

Page 1

09/11/07

DATE READ

PHILIP GRIMM, M.D.

RADIOLOGIST

JLP

TRANSCRIBER



X-RAY REPORT

**DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES**

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 10/18/07

EXAM REQUESTED: AP OF PELVIS AND LATERAL EXAMINATION OF THE LEFT HIP/THREE-VIEWS

REQUESTING M.D.: PCP

CLINICAL DATA: HISTORY OF PAIN

RADIOGRAPHIC REPORT: AP OF PELVIS AND LATERAL EXAMINATION OF THE LEFT HIP/THREE-VIEWS

FINDINGS: This study is compared with films taken in September 2007.

In the approximately one month interval since the previous study, little if any change is seen. There is some minimal shrapnel in the immediate vicinity of the left hip, and it is possible that some of the shrapnel fragments are closely associated with the joint capsule, but none are thought to lie within the joint capsule. Mild arthritic changes are recognized, but the underlying bony architecture is intact, and no obvious acute pathology is seen. No obvious acute trauma is recognized. If there is persistent pain, perhaps a nuclear medicine bone scans or even an MRI study would be helpful.

IMPRESSION: THE FINDINGS ARE SIMILAR TO THAT OF ONE MONTH BEFORE. EVIDENCE OF PREVIOUS GUNSHOT WOUND IN THE IMMEDIATE VICINITY OF THE LEFT HIP IS SEEN, BUT NO ACUTE PATHOLOGY IS APPRECIATED.

Philip Grimm, M.D.

10/30/07

DATE READ

RADIOLOGIST

JLP

TRANSCRIBER



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 01/22/08

EXAM REQUESTED: FOUR-VIEW CERVICAL SPINE

REQUESTING M.D.: PCP

CLINICAL DATA: HISTORY NOT GIVEN

RADIOGRAPHIC REPORT: FOUR-VIEW CERVICAL SPINE

FINDINGS: There is extensive multiple level degenerative change throughout the mid and lower cervical spine. No evidence of instability is seen at C1-2 on the open-mouth view or on the lateral radiograph. However, there is a grade 1 degenerative spondylolisthesis at C4-5. Extensive disk space narrowing, osteophyte formation, and sclerosis of vertebral end plates is present from C3 to C7.

IMPRESSION: MULTIPLE LEVEL DEGENERATIVE CHANGE,
CERVICAL SPINE, SEVERE CHRONIC APPEARING WITH
GRADE 1 Spondylolisthesis C4-5.

ADDENDUM

Incidental note is also made of retained metallic material, which is not visible within the region of the spinal canal, but appears to be in the anterior chest wall region from previous gunshot wound and a few small fragments well anterior to the vertebral bodies at C4-5.

Comparison radiograph from 05/10/07, shows identical appearing degenerative change and same degree of spondylolisthesis at C4-5.

If cervical instability requires further evaluation, flexion/extension lateral radiographs should be considered.

Page 1

COPY

02/06/08
DATE READ

GREGORY J. DUNCAN M.D.
ORTHOPEDIC SURGEON

JLP

TRANSCRIBER

02/20/2008 08:04 FAX 7074658127

005/005

Williams, Claire, M.D.

X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: ASU-E1 DATE: 01/16/08

EXAM REQUESTED: THREE-VIEW LUMBAR SPINE

REQUESTING M.D.: PCP

CLINICAL DATA: HISTORY NOT GIVEN

RADIOGRAPHIC REPORT: THREE-VIEW LUMBAR SPINE

FINDINGS: There is normal alignment on the AP and lateral radiographs with no degenerative or posttraumatic change.

IMPRESSION: MINIMAL DEGENERATIVE CHANGE THORACIC SPINE
WITHOUT EVIDENCE OF THORACIC OR LUMBAR
INSTABILITY.

02/06/08

DATE READ

GREGORY J. DUNCAN M.D.
ORTHOPEDIC SURGEON

JLP

TRANSCRIBER



Jain Bhawna, M.D.



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

NAME: BLOODSAW, THEOPRIC NO. P20045 RM: A2-202L DATE: 05/10/07

EXAM REQUESTED: CERVICAL SPINE THREE VIEWS

REQUESTING M.D.: PCP CLINIC

CLINICAL DATA: HISTORY OF NECK PAIN.

RADIOGRAPHIC REPORT: CERVICAL SPINE THREE VIEWS

FINDINGS: This study is compared with films taken in June of 2005.

There is no obvious soft tissue swelling or calcifications. There is a focal reversal of the normal cervical lordosis with the apex this reversal is centered at C5. Mild arthritic changes are noted at C4-5. Moderate arthritic changes bordering on severe are noted at C5-6 and C6-7. At these levels there is endplate sclerosis, osteophyte formation and joint space narrowing. Lateral mass arthritic changes are noted at disc spaces above this. There is an unusual appearance of the symphysis of the mandible perhaps this is posttraumatic. This is probably unchanged from the preceding study. The degree of arthritic changes in the mid and lower cervical spine is thought to be mildly progressive when compared to the previous study in 2005.

IMPRESSION:

1. FOCAL MODERATE DEGENERATIVE ARTHRITIC CHANGES OF THE MID AND LOWER CERVICAL SPINE, I BELIEVE THEY ARE MILDLY PROGRESSIVE WHEN COMPARED TO THE PRECEDING STUDY.
2. FINDINGS AT C5-6 MAY BE CHARACTERIZED AS SEVERE.
3. I BELIEVE THAT THERE IS A POSTTRAUMATIC DEFORMITY OF THE SYMPHYSIS OF THE MANDIBLE THAT IS STABLE WHEN COMPARED TO THE PREVIOUS STUDY.

PHILIP GRIMM, M.D.

RADIOLOGIST

05/15/07

DATE READ

DLK

TRANSCRIBER

19

LABORATORY REPORTS

DEPARTMENT OF CORRECTIONS
DOC EAST HOSPITAL

NAME: BLOODSAW, THEO NUMBER: E-40947 ROOM: 4190X AGE: 37

Date Taken: 9-15-95 Date Read: 09/15/95 Ordering M.D.: MISSON

RADIOGRAPHIC REPORT: LEFT HIP

There is evidence of fracture. Minimal osteoarthritic spurring is present about the inferior margin of the femoral head.

pmc

JBF:jag

Date: September 16, 1995

J. FLEMING, M.D.

Date Taken: 3-30-95 Date Read: 3-31-95 Ordering M.D.: Stevig

RADIOGRAPHIC REPORT:

CHEST: There is no evidence of active pulmonary disease. Small metal fragments are present in the left upper chest.



X-RAY REPORT

DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
HEALTH CARE SERVICES

A3-187 L

NAME: BLOODSAW, THEOPRIC NO. P-20045 RM: A2-118 DOB: 06/25/58 DATE: 06/23/05

EXAM REQUESTED: FIVE VIEW CERVICAL SPINE

REQUESTING M.D.: W. WAHIDULLAH, M.D.

CLINICAL DATA: HISTORY OF PAIN

RADIOGRAPHIC REPORT: FIVE VIEW CERVICAL SPINE

FINDINGS: Comparison to previous study dated 02/22/2005.

Soft tissues remain normal.

Again noted is approximately 2 ml subluxation of C-4 with respect to C-5. This is unchanged compared to the previous study.

Degenerative narrowing of the C5-6 and C6-C7 disc spaces are again noted with no demonstrable change.

Again noted is minimal foraminal encroachment at the C5-6 level bilaterally.

IMPRESSION: DEGENERATIVE DISC DISEASE AT C5-6 AND C6-C7 WITH MILD SUBLUXATION OF C4 ON C5. THESE FINDINGS WERE ALL PRESENT ON THE PREVIOUS STUDY AND THERE HAS BEEN NO DEMONSTRATED CHANGE SINCE THAT EXAMINATION.

7/8/05
CO

06/07/05

DATE READ

C
CURTIS COULAM, M.D.

RADIOLOGIST

BMC

TRANSCRIBER

NAME: Bloodsaw

NUMBER P20045

HOUSING

PBSP-LAB-001

A2-202L

PELICAN BAY STATE PRISON

HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS

TEST DATES: 9/10/07

TYPE OF TEST:
(circle test type)BASIC BLOOD TESTS
OTHER:

HEPATITIS SCREEN

X-RAY

EKG

Pelvis, hips, L-spine

YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

Your test result is essentially within normal limits. No physician follow-up is required.

Your test result remains unchanged and will be reviewed with you at your next Chronic Care Appointment.

Your test result is not within normal limits. You will be scheduled to discuss the results with a physician.

Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

PHYSICIAN REMARKS

Your x-rays are good

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY

cnc
Physician & Surgeon09-17-07
Date & Time

CONFIDENTIAL

NAME:

NUMBER

HOUSING

PBSP-LAB-001

NAME: Bloodsaw NUMBER P20045 HOUSING ASU-E1 PBSP-LAB-001

PELICAN BAY STATE PRISON HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS TEST DATES: 10/18/07

TYPE OF TEST: **BASIC BLOOD TESTS** **HEPATITIS SCREEN** **X-RAY** EKG
(circle test type) **OTHER:** *Pelvis + Lt. hip*

YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

- Your test result is essentially within normal limits. No physician follow-up is required.
- Your test result remains unchanged and will be reviewed with you at your next Chronic Care Appointment.
- Your test result is not within normal limits. You will be scheduled to discuss the results with a physician.
- Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

PHYSICIAN REMARKSunchanged

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY

Claire
Physician & Surgeon

11-11-07
Date & Time

CONFIDENTIAL

NAME: NUMBER: HOUSING: PBSP-LAB-001

STATE OF CALIFORNIA
DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)
CDC 1845 (Rev. 01/04)DEPARTMENT OF CORRECTIONS
CHECK ALL APPLICABLE BOXES

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: B COOPSAW	CDC NUMBER: P20045	INSTITUTION: PBSP	HOUSING ASSIGNMENT: A2 2021	DATE FORM INITIATED: 8/1/07
-------------------------------	---------------------------	--------------------------	------------------------------------	------------------------------------

Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM		SECTION B: DISABILITY BEING EVALUATED	
<input checked="" type="checkbox"/> Inmate self-identifies to staff	<input type="checkbox"/> Third party evaluation request	<input type="checkbox"/> Blind/Vision Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Observation by staff	<input type="checkbox"/> Medical documentation or Central File information	<input checked="" type="checkbox"/> Deaf/Hearing Impaired	<input type="checkbox"/> Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT		SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT	
1. <input type="checkbox"/> FULL TIME WHEELCHAIR USER - DPW Requires wheelchair accessible housing and path of travel.	1. <input type="checkbox"/> NO CORRESPONDING CATEGORY	2. <input type="checkbox"/> INTERMITTENT WHEELCHAIR USER - DPO Requires lower bunk, wheelchair accessible path of travel and <i>does not require</i> wheelchair accessible cell.	2. <input type="checkbox"/> NO CORRESPONDING CATEGORY
3. <input type="checkbox"/> MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel.	3. <input type="checkbox"/> MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. <input type="checkbox"/> No Housing Restrictions <input type="checkbox"/> See HOUSING RESTRICTIONS in Section E <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel. <u>Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: _____)</u>	4. <input checked="" type="checkbox"/> HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s).	4. <input type="checkbox"/> NO CORRESPONDING CATEGORY
5. <input type="checkbox"/> BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).	5. <input type="checkbox"/> SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking or in writing.	6. <input type="checkbox"/> HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s).	6. <input type="checkbox"/> NO CORRESPONDING CATEGORY
6. <input type="checkbox"/> SPEECH IMPAIRMENT - DPS Does not communicate effectively speaking or in writing.			

SECTION E: ADDITIONAL MEDICAL INFORMATION

CS ALERT:

Requires relatively level terrain and no obstructions in path of travel
 Complex medical needs affecting placement CDC 128-C: _____

HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

Cane Crutch Walker Leg/Arm prosthesis Vest
 Other: _____ CDC 128-C(s) dated: _____

ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

Feeding or Eating Bathing Grooming W/C transferring
 Toileting Other: _____ CDC 128-C(s) dated: _____

OTHER DPP DESIGNATIONS:

NONE _____ CODE DATED _____ CODE DATED _____

HOUSING RESTRICTIONS:

Lower bunk No stairs No triple bunk. CDC 128-C(s) dated: _____

SECTION F: EXCLUSIONS

VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT *claimed* disability. (Explain in Comments Section and CDC 128-C dated: _____).
 REMOVAL FROM A DPP CODE: Removal from previous DPP code: _____ (Explain in Comments Section and CDC 128-C dated: _____).
 REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): _____ (Explain in Comments Section and CDC 128-C dated: _____).

SECTION G: EFFECTIVE COMMUNICATION FACTORS

Uses Sign Language Interpreter (SLI) Reads Braille Communicates with written notes Requires large print or magnifier
 Reads lips NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

Has good function & hearing aids - does not need vest

PHYSICIAN'S NAME (Print) M.C. SAYRE	PHYSICIAN'S SIGNATURE <i>M.C. Sayre</i>	DATE SIGNED 8/1/07
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) M.C. SAYRE	HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE <i>M.C. Sayre</i>	DATE SIGNED 8/1/07

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy of the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

orig.

DISTRIBUTION: Original - Top General Chrono Section of C-File; Green - Chrono Section, Unit Health Record; Canary - C&PR/CC-III; Pink-CC-I; Gold-Inmate

STATE OF CALIFORNIA
DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)
CDC 1845 (Rev. 01/04)COPY *ASU EIL*DEPARTMENT OF CORRECTIONS
CHECK ALL APPLICABLE BOXES

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: <i>Bloodsaw</i>	CDC NUMBER: <i>P20045</i>	INSTITUTION: <i>PBSP</i>	HOUSING ASSIGNMENT: <i>ADSE 01L</i>	DATE FORM INITIATED: <i>1/15/08</i>
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Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM

Inmate self-identifies to staff Third party evaluation request
 Observation by staff Medical documentation or Central File information

SECTION B: DISABILITY BEING EVALUATED

Blind/Vision Impaired Speech Impaired
 Deaf/Hearing Impaired Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT

- FULL TIME WHEELCHAIR USER - DPW
Requires wheelchair accessible housing and path of travel.
- INTERMITTENT WHEELCHAIR USER - DPO
Requires lower bunk, wheelchair accessible path of travel and *does not require* wheelchair accessible cell.
- MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM
Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause).
Requires lower bunk, no triple bunk, and no stairs in path of travel.
- DEAF/HEARING IMPAIRMENT - DPH
Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.
- BLIND/VISION IMPAIRMENT - DPV
Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).
- SPEECH IMPAIRMENT - DPS
Does not communicate effectively speaking or in writing.

SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT

- NO CORRESPONDING CATEGORY
- NO CORRESPONDING CATEGORY
- MOBILITY IMPAIRMENT (Lower Extremities) - DNM
Walks 100 yards without pause with or without assistive devices.
 No Housing Restrictions See HOUSING RESTRICTIONS in Section E
 Requires relatively level terrain and no obstructions in path of travel.
Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: _____)
- HEARING IMPAIRMENT - DNH
With residual hearing at a functional level with hearing aid(s).
- NO CORRESPONDING CATEGORY
- SPEECH IMPAIRMENT - DNS
Does not communicate effectively speaking, but does when writing.

SECTION E: ADDITIONAL MEDICAL INFORMATION

CSR ALERT:

Requires relatively level terrain and no obstructions in path of travel
 Complex medical needs affecting placement CDC 128-C: _____

HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

Cane Crutch Walker Leg/Arm prosthesis Vest
 Other: *H-A* CDC 128-C(s) dated: *3/17/08*

ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

Feeding or Eating Bathing Grooming W/C transferring
 Toileting Other: _____ CDC 128-C(s) dated: _____

NONE _____ CODE _____ DATED _____ CODE _____ DATED _____

HOUSING RESTRICTIONS: Lower bunk No stairs No triple bunk. CDC 128-C(s) dated: _____

OTHER DPP DESIGNATIONS:

SECTION F: EXCLUSIONS

VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT *claimed* disability. (Explain in Comments Section and CDC 128-C dated: _____).
 REMOVAL FROM A DPP CODE: Removal from previous DPP code: _____. (Explain in Comments Section and CDC 128-C dated: _____.)
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SECTION G: EFFECTIVE COMMUNICATION FACTORS

Uses Sign Language Interpreter (SLI) Reads Braille Communicates with written notes Requires large print or magnifier
 Reads lips NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

Has good function to hearing aids

PHYSICIAN'S NAME (Print)

PHYSICIAN'S SIGNATURE

DATE SIGNED

HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print)

HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE

DATE SIGNED

STAPLE THIS FORM TO MOST CURRENT CDC 1545 AND ENTER INFORMATION INTO ACTS

State of California

DEPARTMENT OF CORRECTIONS
CDC 1545NAME and NUMBER Bloodsaw, P20045This inmate has been identified as: DPH DNH DPS DNS and was interviewed as indicated below: The inmate was ~~was~~ not interviewed with the assistance of a qualified sign language interpreter.

Name of sign language interpreter _____

Primary method: (Check one) (This method shall be used for due process, delivery of health care, inmate appeals and CDC 1515)

 American Sign Language Sign Exact English Other sign language Written notes Reads Lips Hearing aide(s) Assistive listening deviceAlternative method(s): (Check all that apply) *I'm Request a Vest to Identify his Hearing Impair* American Sign Language Sign Exact English Other sign language Written notes Reads Lips Hearing aide(s) Assistive listening device NoneN.Y. France, Sgt.Finance Dept.

Interviewer's Name

Interviewer's Signature

X. I. Bloodsaw

Inmate's Signature

C. PattersonDATE: 8/16/07 NOTE - VEST ISSUED 8/17/07 CP CAPTAIN INST: PBSD

EQUALLY EFFECTIVE COMMUNICATION FOR HEARING/SPEECH IMPAIRED

PPM 555 11/07

PSTF 4 1100 AND 0100M

AR:PT

1007/91/00